

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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03/09/2004

BERESKIN AND PARR
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/551,151	04/14/2000	Thor Borgford	10447-011	1104

TITLE OF INVENTION: RICIN-LIKE TOXIN VARIANTS FOR TREATMENT OF CANCER, VIRAL OR PARASITIC INFECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	06/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LIU, SAMUEL W	1653	514-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bereskin & Parr

2. Micheline Gravelle

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Twinstrand Therapeutics Inc.

Burnaby, British Columbia, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2095 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) _____ (Date)

Micheline Gravelle, Reg. #40,261 June 4, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

June 4, 2004



Micheline Gravelle B.Sc., M.Sc. (Immunology)
416 957 1682 mgravelle@bereskinparr.com

Your Reference: 09/551,151
Our Reference: 10447-11

ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
U.S.A.

Dear Sir:

Re: United States Patent Application No. 09/551,151
Filed: April 14, 2000
Entitled: Ricin-Like Toxin Variants For Treatment of Cancer,
Viral or Parasitic Infections
Inventors: Thor Borgford
Art Unit: 1653
Class-Subclass: 514-008000
Examiner: Samuel W. Liu

This correspondence is in response to the Notice of Allowance dated March 9, 2004. Enclosed is the completed Issue Fee Transmittal Form for filing in connection with this application.

Applicant submits herewith the issue fee of \$665 as indicated on the attached Fee Transmittal form. This fee is included in our firm cheque No. 6740.

If any additional fee is due, including a fee for an extension of time, such an extension is hereby requested, and the Commissioner is authorized to charge any such fee to Deposit Account No. 02-2095.

Respectfully submitted,

Thor Borgford

Micheline Gravelle
Registration No. 40,261

MG/jl
Encl.

Please send all correspondence to the Toronto office:

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